

Exhibit J
Affidavit of Cathy DuBose

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA**

TONY DEWYANE MOORE,)
)
Plaintiff,)
)
v.) Civil Action No. 3:05-CV-1145-T
)
KATHY DUBOISE, et.al)
)
Defendant.)

AFFIDAVIT OF CATHY DUBOSE

STATE OF ALABAMA)
)
COUNTY OF TALLAPOOSA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Cathy Dubose, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Cathy DuBose. I am over the age of nineteen and competent to make this affidavit. I have personal knowledge of the matters set forth in this affidavit.
2. I am a Registered Nurse. I provide medical services to the inmates at the Tallapoosa County Jail and have done so since January 25, 2005.
3. I state affirmatively that I neither acted, nor caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled.
4. On November 23, 2005, I ordered Extra-Strength Tylenol for the Plaintiff twice a day as needed. On November 29, 2005, I took the Plaintiff's medical history. I noted that the Plaintiff stated that Codeine and Ibuprofen make him bleed. I also noted that the Plaintiff had had surgery on hemorrhoids in June 2005 and tooth extraction surgery in April 2005.

Further, I noted that he had had warts removed from his genitalia in July 2005. I noted that the Plaintiff stated that he has a hernia.

5. Two days later, the Plaintiff was seen by Dr. Schuster. Dr. Schuster attempted to examine his perianal area. However, the Plaintiff refused this exam. I witnessed this incident. Dr. Schuster explained to the Plaintiff that he could not tell what was wrong without examining him. The Plaintiff refused to let Dr. Schuster examine his rectum and would not even pull his pants down. Dr. Schuster noted that the Plaintiff had hemorrhoids and a questionable problem in his perianal area. He prescribed Amoxil, Anusol, and Flagyl for the Plaintiff's hemorrhoids.

6. On December 16, 2005, I saw the Plaintiff at his request. The Plaintiff requested that I do another Urine test which I did. The test results were normal. He then asked for pain medication. I told the Plaintiff that I would give him two Tylenol twice a day. The Plaintiff then told me that his private physician said that he needed surgery. I informed the Plaintiff that he would have to be examined by Dr. Schuster in order to determine any need for referral to another physician. I also reminded the Plaintiff that he had refused to let Dr. Schuster examine him. I then asked the Plaintiff if he would like to see Dr. Schuster again. He said yes. Therefore, I placed him on the list to see Dr. Schuster. I also ordered two Extra-Strength Tylenol twice a day for the Plaintiff as needed.

7. On December 19, 2005, I obtained a medical release from the Plaintiff in order to get the medical records from the hospital where the Plaintiff claimed that a doctor said he needed surgery, Jackson Hospital. I then contacted Jackson Hospital to obtain the records. The records from Jackson Hospital showed that on June 22, 2005, the Plaintiff was seen at the

Hospital for complaints of rectal bleeding. The records show that the Plaintiff was diagnosed with hemorrhoids and was instructed to follow up with a surgeon in two days.

8. On December 23, 2005, Dr. Schuster reexamined the Plaintiff. Dr. Schuster noted that the Plaintiff had persistent perianal pain and foul smelling discharge. He also noted that the medication that he had prescribed did not remedy the problem. After Dr. Schuster examined the Plaintiff, he determined that the Plaintiff had an indirect inguinal hernia and an anal fissure and therefore should be referred to Dr. Scott Cassidy, a surgeon in Alexander City, Alabama. Therefore, I attempted to make an appointment with Dr. Cassidy that same day. However, Dr. Cassidy's office was closed. I spoke with Dr. Cassidy's office on December 27, 2005, and attempted to set the Plaintiff up with an appointment. However, I was informed that Dr. Cassidy refused to see the Plaintiff. The Plaintiff was released from the Tallapoosa County Jail that day.

9. I have complied with all policies and procedures of the Tallapoosa County Jail. I am not aware of nor have I authorized or allowed any deviation from said policies and procedures.

10. Attached to the Special Report are true and accurate medical documents contained in the Plaintiff's medical file. I am the custodian of such documents, which were kept by me in the ordinary course of my business.

11. I swear to the best of my present knowledge and information that the above statements are true; that I am competent to make this affidavit; and, the above statements are made by drawing from my personal knowledge of the situation.

Cathy Dubose
CATHY DUBOSE

SWORN TO and SUBSCRIBED before me this 25 day of January, 2006.

Marianne Adams
MARIANNE ADAMS
NOTARY PUBLIC MY COMMISSION EXPIRES JULY 18, 2008
My Commission Expires: _____



Exhibit K
Affidavit of Sheriff Jimmy Abbett

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA**

TONY DEWYANE MOORE,)
)
Plaintiff,)
)
v.) Civil Action No. 3:05-CV-1145-T
)
KATHY DUBOISE, et.al)
)
Defendant.)

AFFIDAVIT OF JIMMY ABBETT

STATE OF ALABAMA)
)
COUNTY OF TALLAPOOSA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Sheriff Jimmy Abbott, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Jimmy Abbott. I am over the age of nineteen and competent to make this affidavit. I have personal knowledge of the matters set forth in this affidavit.
2. I am the duly elected Sheriff of Tallapoosa County, Alabama.
3. I am familiar with the Plaintiff due to his being incarcerated in the Tallapoosa County Jail. I have no personal knowledge of any of the specific allegations that form the basis of Plaintiff's Complaint.
4. I state affirmatively that I neither acted, nor caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled.

5. I have delegated the responsibility for the day-to-day functions of the Tallapoosa County Jail to the Jail Administrator Blake Jennings. As Sheriff of Tallapoosa County, I am responsible for promulgating the policies governing the Jail.

6. It is the policy of the Tallapoosa County Jail that access to appropriate health care services are provided for the inmates of the Jail for their physical and emotional well-being.

7. The Jail employs a Registered Nurse, Nurse Cathy DuBose, who is on duty from 8:00 a.m. until 5:00 p.m. on Mondays through Fridays. She is on call at all times of the day and night. Robert Schuster, M.D., also comes to the Tallapoosa County Jail regularly to see inmates who are referred to him by Nurse DuBose.

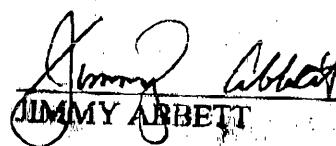
8. An inmate requesting any type of health care services may submit either an Inmate Request Form or Medical Request/Charge Sheet stating the service desired. The shift supervisor ensures that the medical protocol is followed to ensure a safe and secure manner is maintained.

9. Except in the case of an emergency, each inmate requesting medical services is screened by the jail nurse who then makes a referral to a physician if it is determined that a physician visit is appropriate. In the event of a medical emergency, or a perceived medical emergency, the shift supervisor arranges for medical services without delay. All medical appointments, including appointments with the jail nurse, are logged by the jail staff in the inmate log.

10. Inmates are given prescription medication as prescribed. Medication is distributed according to instructions from the prescribing physician and is distributed by a jail staff member as directed by the jail nurse. Staff members of the Tallapoosa County Jail take no deliberate action to block, deny, or delay access of an inmate to health care.

11. I have complied with all policies and procedures of the Tallapoosa County Jail. I am not aware of nor have I authorized or allowed any deviation from said policies and procedures.

12. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


JIMMY ABBETT


SWORN TO and SUBSCRIBED before me this _____ day of January, 2006.


Jim McCrary
NOTARY PUBLIC
My Commission Expires:
MY COMMISSION EXPIRES APRIL 3, 2008

**Exhibit L
Medical File
Medications/Physicians Orders
Note dated November 23, 2005**

MEDICATIONS/PHYSICIANS ORDERS

Moore, Tony

NUFA

MEDICATIONS

PHYSICIAN ORDERS

Date	Order		Signature
8/17/2002	Bextra 10mg; PO q AM ViXX 25mg; PO BID PRN joint pain	useful meds	Andrea
8/17/2002	Mylanth 300mg PO BID PRN		
8/17/2002	Bextra ViXX 50mg; PO q D	PO. Discharge/acute	
07/02	Amoxil 500mg ER q5+7d	Acute	Acute
10/10/2002	Ibuprofen 200mg; PO BID PRN		
12/19/04	Amoxicillin 500mg; PO BID x 3 days	Acute	Acute
12/15/04	Send to LMCH ER for evaluation		
12/16/04	Medrol dose pack as directed	W.O.	Acute
12/27/04	Ibuprofen 500mg; PO BID		Acute
1/28/05	Keflex 500mg; po bid x 7 days	C. LeBorek	
1/28/05	DSS; po g/t m	C. LeBorek	
-3-5	VIA BMP		
	Sent for records UAB	A P	

MEDICATIONS/PHYSICIAN ORDERS

Moore, Tony D.

MEDICATIONS

PHYSICIAN ORDERS

Date	Order	Signature
2-11-5	Fibrecon 1/2 ps ad D/C Naproxen Ibuprofen Flexeril ASA. & Estrade (Reiters Syndrome) Doxycycline 100 mg + 7 days	
2-17-05	Acetaminophen Ex St 500mg : po bid C/Labs ref	
2-25-05	Motil 7.5 mg : po qd Prednisone 5 mg le tabs qd X 3 days 5 tabs qd X 3 days 4 tabs qd X 3 days 2 tabs qd X 3 days 1 tab qd X 3 days	10 per blister C. U. B. S. E.
3-3-5	Patolac 20, (o/w)	X

EDICATIONS/PHYSICIAN

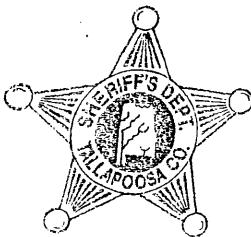
MÉDICATIONS

Moore Song D

PHYSICIAN ORDERS

Date	Order	Signature
11-23-05	Ex St tylenol bid prn	C. Labose/RW
#12-13	Amcolite susp 1/2 pr b/d prn Anoxil 500, po tab x 7d Flutyl 500, po tab x 7d	
12-16-05	↑ Tylenol to 2 Ex St twice daily prn	C. Labose/RW
12-23-05	Apt - R Cassily RMC ① Indirect Tylenol Analgesic / Antifever Anoxil 650 mg Tylex 500 mg	

**Exhibit M
Medical File
Authorization for Disclosure of Confidential
Information
Dated December 19, 2005**



JIMMY ABBETT

Sheriff

Tallapoosa County Sheriff's Department
316 Industrial Park Drive
Dadeville, Alabama 36853
(256) 825-4264 • FAX (256) 825-1012



AUTHORIZATION FOR
DISCLOSURE OF
CONFIDENTIAL INFORMATION

TO: Jackson Hospital

I, Dony D Moore, hereby authorize the above named person or organization to release below information concerning me. This information and dates of care shall include:

Medical Records

The purpose of disclosure of this information shall be for:

IDENTIFYING INFORMATION AT TIME OF ADMISSION:

Inmate's Full Name: Dony DeWayne Moore

Address: Do.B. [REDACTED]

Social Security: [REDACTED] Race: B Sex: M

I understand that I may revoke this consent at any time, except to the extent that based on this consent has been taken. This consent will expire 60 days from this date, unless my continuum of care (aftercare, referral services, etc.) requires extension of the 60 days. No case shall this extension exceed one year from this date (12-16-06).

My consent to the forgoing is voluntarily made and I understand that the confidentiality of this information is protected by Federal State Law and cannot be disclosed without my written consent. Forseeable risks that may arise by reason of the release of said information have been explained to me.

The authorization and request is fully understood and is made voluntarily on my part this 18 day of Dec 2005

Inmate Sign: *Dony Moore*

Witness: *Cathy Lubosek*

**Exhibit N
Medical File
Facsimile Transmittal Sheet
Dated December 19, 2005**

**JIMMY ABBETT****Sheriff**

Tallapoosa County Sheriff's Department
316 Industrial Park Drive
Dadeville, Alabama 36853
(256) 825-4264 • FAX (256) 825-1012

FACSIMILE TRANSMITTAL SHEET

TO:

Jackson Hospital

FROM:

DATE:

COMPANY:

Dadeville Co Jail
12-19-01

FAX NUMBER:

1-334-293-8969

TOTAL NO. OF PAGES INCLUDING COVER:

2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

YOUR REFERENCE NUMBER:

 URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Please fax Medical Records
requested to Cathy DuBoise
@ 1-256-825-1012

**Exhibit O
Medical File
Records from Jackson Hospital
Dated June 22, 2005**

Jackson Hospital & Clinic, Inc.
 PATIENT INFORMATION
 Wed Jun 22, 2005 6:00 AM

Page 29

Name: MOORE, TONY
 Sex: M Race: B MS: Title: MRUN: 19-59-96
 DOB: [REDACTED] Age: 31Y Priv Code: SS #: [REDACTED]

Admit Date: 06/21/2005 Disch Date: 06/21/2005 Time:
 Admit Time: 10:46 AM Disch Time: 12:10 PM Acct #: 10724173
 Reg Status: D Service: ED
 Diagnosis: ABDOMINAL PAIN Rm-Bed:

Admit Phys: THOMAS, CHARLES E.

Perm Address 1: [REDACTED]
 Perm Address 2:

City: [REDACTED]
 Home Ph#: [REDACTED]

Pt Employer: NOT EMPLOYED

NOK: not on file

Guar #1: MOORE, TONY
 Guar Address: [REDACTED]
 City: [REDACTED]
 Home Ph: [REDACTED] 9
 Employer: NOT EMPLOYED
 Guar SS#:

Rel to Pt: PATIENT
 State: AL Zip: [REDACTED]
 Work Ph#:

Insur #1: SELF PAY
 Ins Addr #1:
 Subscr Name: MOORE, TONY
 Subscr Sex: M DOB: [REDACTED]
 Subs Address: [REDACTED]
 Subs Employer: NOT EMPLOYED
 Pt Rel to Ins: PATIENT IS INSURED

Insur #: N/A
 Group #:
 Precart #:
 Claim #:

ACCOUNT# 10724173 M/R # 19-59-96

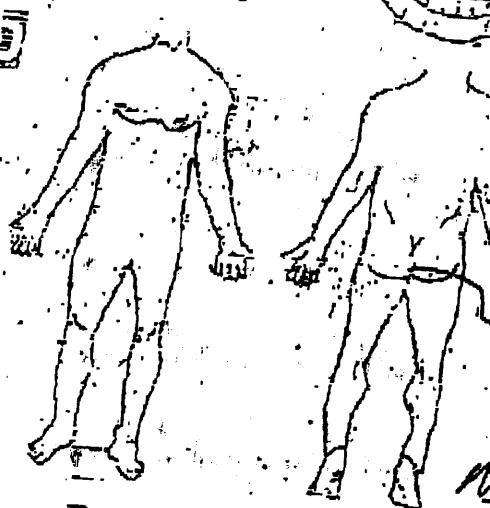
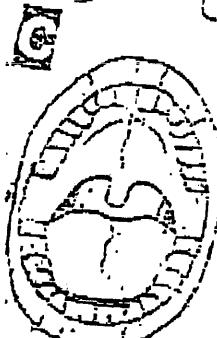
MOORE, TONY

SEX - M. BORN [REDACTED]

THOMAS, CHARLES E.

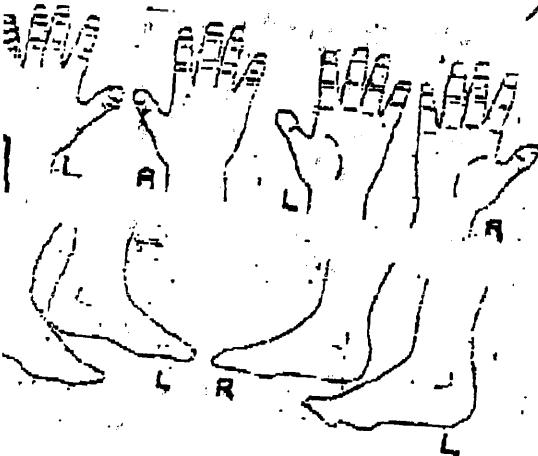
F/C P ED

ROOM



2 lgs
Marked Sx
Butt end
J.J. Rock

NOT PRACTICED
After



PROCEDURES

SPLINT: type _____ locations _____
 applied by: ED Physician / Orthopedist / Tech.
 examined post-splint app. / neuro-vascular intact / good alignment
LACERATION Repair: length _____ cm location _____
 anesthesia xylocaine 1% / 2% / epi/marcaine / TAC / digital block
 single layer suture type: nylon / prolene / dermabond / staples / steri strip
 multiple layers / muscle / tendon suture type vicryl
 repaired by: ED Physician / NP / Surgeon

NOTES:

INTUBATION: ETT size: _____ nasal / oral / blade curved / straight
 Intubated by ED Physician / EMS / Anesthesiologist
 Placement confirmed by: auscultation / CXR

LUMBAR Puncture: typical sterile prep. _____ positive / upright / side R / L
 Color _____ WBC's _____ RBC's _____ Glucose _____ Protein _____
CENTRAL Line: location: LL.R.L. S.C.R.L. Fem. R.L.
 Line placement confirmed by CXR _____ typical aspirate technique

Other procedures:
 ECG Monitor NSR abnormal rate _____
 ECG NML rate no change since _____
 NSR nl intervals nl axis nl QRS nl ST/T
 Notes: _____

X-Rays _____

Scans _____

Labs _____

	CBC nl / except	Chemistries nl / except	UA nl / except
WBC		NA	WBC
Hgb		K	RBC's
Hct		Cl	bacteria
Pls		CO2	leukocytes
Segs		Bilir	ETCH
Bands		Cr	TOX
		Glucose	
PTT	INR	MB	Trop
ABG	O2 pH	pO2	Pulse Ox
HCG neg / pos	Quant HCT	PCO2	Peak Flow
Other labs:		Sat	
Critical Care: 30-74 min. / 75-104 min. /		Mono neg / pos	

PROGRESS NOTES:

On the stretcher Neg.

Discussed with Dr. _____

Disposition home / admitted Rm# _____ will follow up in ED/Office/Hospital

Condition unchanged / improved / stable / unstable / deceased transferred _____ / morgue _____

CLINICAL IMPRESSION He is not toxic

M/D

CRNP _____

CNPs and Physician discussed case and Physician agrees with above.
 Physician met with and reviewed the plan of care with patient.

ACCOUNT# 10724173 MR # 19-58-96

MOORE, TONY

SEX - M BORN [REDACTED] R/C P ED

THOMAS, CHARLES E. [REDACTED]

Room#

Time seen

PMD

record

HPI: Age: yr / mo Sex: F/M

? 18 yr young female

Neck / Head / Neck area: [REDACTED]

w/ b.m. w/ step off

Lif I head / head

ABD w/ pain

OC Prod Systic Erys 78

Rectal (3. m) [REDACTED]

TQ/23 -

S and skin problem

PMH: [REDACTED]

negative except as circled

angina arrhythmias *arthritis *asthma *CAD *CHF

*COPD *CVA *dementia *diverticulitis *DM *DVT

*high cholesterol *HTN *kidney stones *MI *PE

*pneumonia *PUD *psychiatric hx

[REDACTED]

PSH: negative except as circled.

*angioplasty *appendectomy *back surgery *CABG

*cardiac cath. *cholecystectomy *c-section *endoscopy

*hysterectomy *P-taker *prostate surg. *TBD *Tonsillectomy

[REDACTED]

SHx: negative except as circled. Medications: none

*alcohol drugs *smoker see nurse's notes

FHx: negative except as circled. Allergies: none

*CAD *CVA *HTN see nurse's notes

ROS: negative except as circled

CONSTITUTIONAL: *anorexia *chills *fever *weight loss

EYES: *discharge R/L *eye pain R/L *foreign body R/L

*redness R/L *visual changes R/L

ENT: *congestion *earache R/L *sore throat..

CV: *chest pain *DOE *edema *palpitations

RESP: *cough *productive sputum *SOB

GI: *abdominal pain *constipation *diarrhea

*last BM [REDACTED] *nausea *vomiting

GU: *dysuria *urinary frequency *urinary retention

GYN: *bleeding *discharge *LMP [REDACTED]

IMMUN: *back pain *joint pain *muscular pain

NERV: *hives *itching *rash *redness

EURO: *confusion *dizziness *headache *lethargy

*numbness *seizure *slurred speech *weakness

SYCH: *anxiety *depression *hallucinations *suicidal

THER ROS: [REDACTED]

D: WDN M/F Child *alert *cooperative

*playing *mmn well hydrated

Nursing Assessment Reviewed BP, HR, RR, Temp. reviewed

PHY. EXAM [REDACTED] agitated *anxious *lethargic *unresponsive

Distress: NAD mild *moderate *severe

HEAD see fig. A *scalp fac *swelling *tenderness

[REDACTED] non inspection

non-tender

NECK see fig A *lymphadenopathy *muscle spasm *neck tenderness

[REDACTED] non inspection

non-tender

EYES see fig. B *corneal abrasion R/L *discharge R/L *foreign body

[REDACTED] *conjunctiva *nyctagmiae? *SC hemorrhage R/L

PERR/ECOMI

ENT see fig C *canal erythema R/L *canal swelling R/L *phar. erythema

[REDACTED] non inspection *phar. exudates *TM erythema R/L *TM perforation R/L

[REDACTED] non pharynx

[REDACTED] non teeth / lips

RESP see fig. D *chest wall tenderness *deep breath sounds *rates

no distress *resp. distract *resp. rate [REDACTED] *rheum? *whispering

breath sounds [REDACTED]

[REDACTED] non-tender

CVS *bradycardia *irreg. rhythm *JVD *murmur *tachycardia

regular rate, rhythm

no murmur

no gallop

ABD see fig. D *abnormal bowel sounds: absent /decreased /increased

[REDACTED] non-tender *distention *guarding *palpable mass *rebound *tenderness

soft

[REDACTED] non bowel sounds

[REDACTED] no masses

PELVIC *bleeding: mild / mod. *asymmetrical adnexal tenderness R/L

[REDACTED] non inspection *adnexal mass R/L *CMT *discharge *epoxy cervix

bimanual exam [REDACTED]

speculum exam [REDACTED]

GENITALS *testicular swelling R/L *testicular tenderness R/L

[REDACTED] non inspection *urethral discharge

testicals [REDACTED]

RECTAL [REDACTED] non-tender *hemorrhoids *rectal inter. "black stool"

[REDACTED] non-tender *bloody stool *rectal tenderness *prostate tenderness

[REDACTED] negative

BACK see fig. D *decreased ROM *vertebral spurs *tenderness

[REDACTED] non inspection

SKIN See fig. D *hives *rash *cap. refill? sec *cyanosis

[REDACTED] intact *diaphoresis *erythema *healing wound *warmth

warm, dry, no rash

cap. Refill <2 sec

EXT see D/E/F *body tenderness *hip tenderness R/H *pedal edema

non tender *pulse deficit *unable to weight bear

full ROM

no pedal edema

NEURO see D/E/F *confused *disoriented to person / place / time

[REDACTED] alert / oriented X3 *lethargic *unresponsive *unsteady gait *weakness

CN [REDACTED] be tested

motor / sensory [REDACTED]

PSYCH *agitated *auditory hallucinations *depressed *homicidal

mood / affect [REDACTED] *paranoid *suicidal *visual hallucinations

Emergency Department
JACKSON HOSPITAL & CLINIC, INC.
1725 Pine Street
Montgomery, Alabama 36106

DATE:

YOUR DIAGNOSIS / CARE NOTES

- 1.) _____
- 2.) _____
- 3.) _____

Treatment Rendered:

X-Ray EKG Medication Tetanus
 Sutured Lab Test Exam Hypertet
 You were given a medication which may make you sleepy or less alert. You should not drive, operate heavy machinery or drink alcohol for 24 hours.

I NO DRIVING TODAY

You were given a prescription for an antibiotic. You are to take it until gone unless otherwise instructed. Continue taking even if symptoms disappear.
 If your pain is not adequately relieved or you are having persistent nausea or vomiting or excessive drowsiness please call your physician or return to the Emergency Department.

IMPORTANT NOTICE: Your x-ray has been read and reviewed. Final review by the radiologist is pending. Follow up with your Primary care doctor for final interpretation.

Specific Instructions:

Discharge Physician: MD
 ACCOUNT# 10724173 M/R # 19-59-96
 MOORE, TONY
 SEX - M BORN [REDACTED] F/C P ED
 THOMAS, CHARLES E. [REDACTED]

MEDICINES PRESCRIBED

If none, check this box Check Box If N/KDM

VOID IF NOT PAID IN FULL AND CASH BY BACKGROUND

Schedule / Duration

No Refills Refills

Number	Schedule / Duration	No Refills	Refills
1. [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
2. [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
3. [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
4. [REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>

Dispense as written - Signature

MD

Substitution allowed Signature

MD

Print Name
DEAR [REDACTED]

M

Follow-up with	<input checked="" type="checkbox"/> Your Doctor: _____
<input type="checkbox"/> Return to Jackson ER on	_____
We Are Referring You To: Dr. _____ Call _____ for an appointment on _____	

If you become worse or do not get better in 1 - 2 days see the doctor treating you or return to the emergency department.

Instructions Received By:

relationship to patient _____

 Voiced understanding of instructions

Patient Left:

 Ambulatory Crutches Stretcher Wheelchair With Driver Carried

Certificate for Return to Work or School

Jackson Hospital
Emergency Department

ACCOUNT# 10724173 M/R # 19-59-96
 MOORE, TONY
 SEX - M BORN [REDACTED] F/C P ED
 THOMAS, CHARLES E. [REDACTED]

 NA

Has been under my care on _____ and is able to return to work / School on _____. The Patient's work limitations are: _____

Emergency Department
JACKSON HOSPITAL & CLINIC, INC.
1725 Pine Street
Montgomery, Alabama 36106

ACCOUNT# 10724173 M/R # 19-59-96
 MOORE,TONY
 SEX - M BORN [REDACTED] F/C P ED
 THOMAS,CHARLES E. [REDACTED] ROOM [REDACTED]

**JACKSON HOSPITAL EMERGENCY DEPARTMENT
ADDITIONAL DISCHARGE INSTRUCTIONS**

GENERAL

- Continue your usual medications.
- Return if temperature is greater than 100.5
- Return if you vomit 6 times over the next 6 hours.
- Clear liquids for 24 hours; then bland diet.

SZT2

BBMS 4/4/05

ORTHO

- Ice for 24 hours; then moist heat.
- Elevation for 48 hours.
- Non weight bearing until cleared by orthopedic physician.
- Leave soft collar on for _____ days.
- Keep splint/ace wrap on for _____ days.

ACTIVITY

- No school/work for One days.
- *No lifting greater than _____ pounds for _____ days.
- No physical education like activity for _____ days.

Only light duty for _____ days.
 Pelvic rest _____ days.

WOUND CARE

- Keep wound clean and dry.
- Sutures/staples out in _____ days.

Derma bond instructions.

Return in 24 hours for packing removal.

FOLLOW-UP

- See your physician: Tomorrow, 2 Days, 2-3 Days.
- You will need to follow-up on the ED tomorrow.
- If unable to see your physician return to ED _____.

General Surgeon

Never STAY
1 B.M.

PEDIATRICS

- Only clear liquids for 12 hours.
- Cool mist humidifier.
- Alternate Tylenol and Motrin every 4 hours.
- Bulb suction nose as needed.

OVER THE COUNTER MEDICATIONS

- Alleve
- Benadryl
- Claritin
- Colace
- Dramamine
- Hydrocortisone

Imodium
Neosporin
Mineral Oil
Motrin
Prilosec
Senokot-S

Tagament
Tylenol
Zantac

KIDNEY STONES

- Strain Urine
- Return if pain becomes too severe.

Drink copious amounts of clear liquids.

SMARTCOR

PAGE 01

JACKSON HOSPITAL
SMART CORPORATION
RELEASE OF INFORMATION

1725 PINE ST.
MONTGOMERY, AL

FAX # 334-293-8969

FAX MESSAGE

TO: Jimmy Abbott, Staff

PHYSICIAN:

FAX #: 256-828 -1012

DATE: 12-19-25 TIME: 11:20

NUMBER OF PAGES (including cover sheet):

FROM: RELEASE OF INFORMATION

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (334) 293-8909

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PATIENT NAME: Tony Moore MR#: 14-59-96

DOB: _____ DOS: _____

INFORMATION REQUIRED: _____

WHEN NEEDED: STAT-PT THERE NOW: _____ DATE/TIME PT TO BE SEEN: _____

COMMENTS: _____

COMPLETED BY: RJM

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